

# IPRAT ICAR Process Overview

Presentation by MDHHS IPRAT

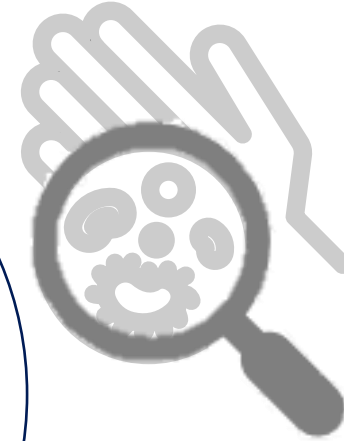


Infection Prevention Resource and Assessment Team

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

# Who is IPRAT?

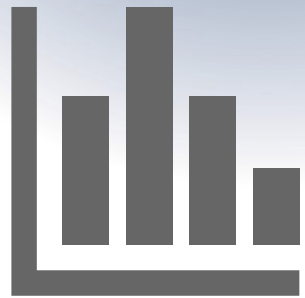
Infection  
Preventionists



## A Team of Teams

Data Specialists  
(Analysts and  
Epidemiologists)

Nurse  
Consultants



IPRAT

# What We Do



Non-regulatory



Consultative



Free



On-Site or Remote Assistance



Experts in the field of IP

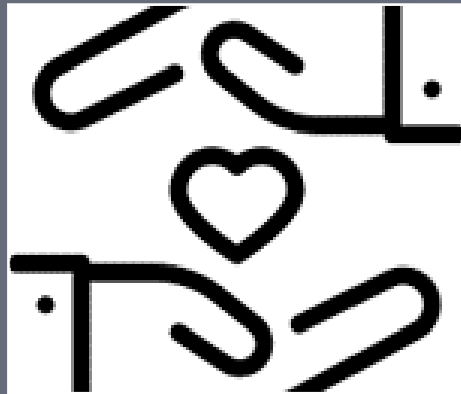


Educational Resource

# Our Goals



Prevent



Contain



Educate

# Objectives

- Understand steps of the Infection Control Assessment and Response (ICAR) process
- Define the elements of an ICAR
- Understand the evidential hierarchy used to shape recommendations
- Recognize how evidence is applied to close IP practice gaps

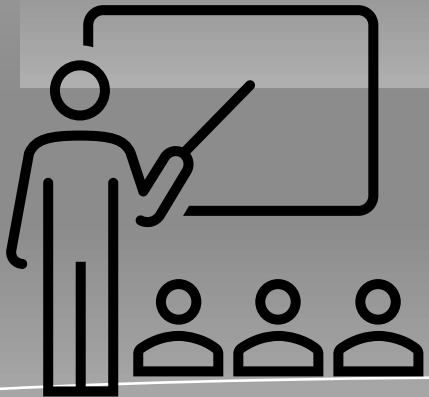
# Part 1: ICAR

Onboarding

Deliverables

Ongoing  
Support

IP Program  
Assessment  
(ICAR)





# ICAR

- Assist in assessing infection prevention practices
- Address identified gaps
- Guide quality improvement activities
- Content varies by setting and services provided
- Use additional tools depending on facility needs
- Virtual versus on-site

# ICAR Breakdown

## **Infection Prevention and Control Assessment Tool for Long-term Care Facilities**

This tool is intended to assist in the assessment of infection control programs and practices in nursing homes and other long-term care facilities. If feasible, direct observations of infection control practices are encouraged. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

### **Overview**

#### **Section 1: Facility Demographics**

#### **Section 2: Infection Control Program and Infrastructure**

#### **Section 3: Direct Observation of Facility Practices (optional)**

#### **Section 4: Infection Control Guidelines and Other Resources**

### **Infection Control Domains for Gap Assessment**

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)
- VI. Respiratory/ Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection safety and Point of Care Testing
- IX. Environmental Cleaning



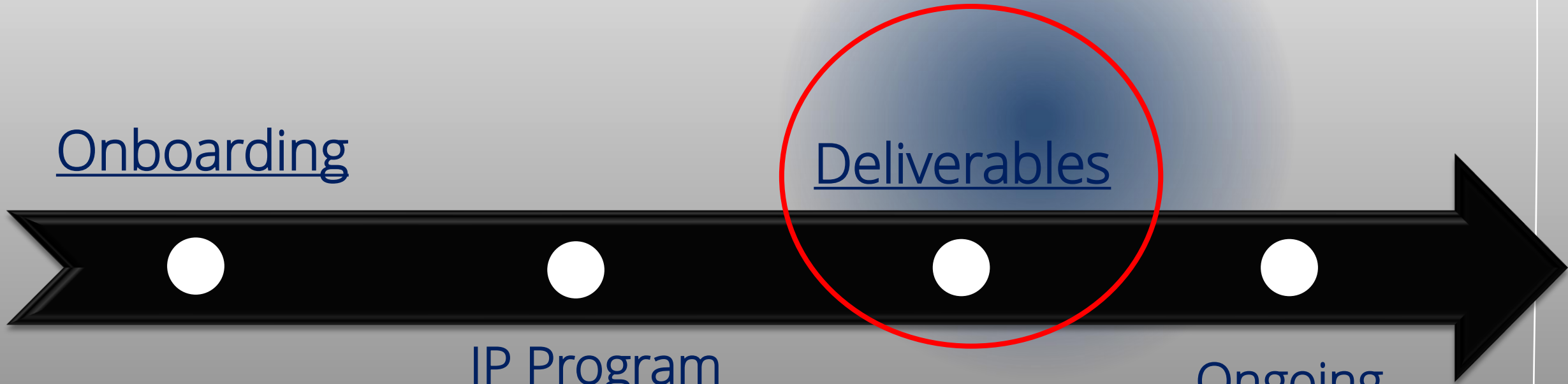
# Deliverables

Onboarding

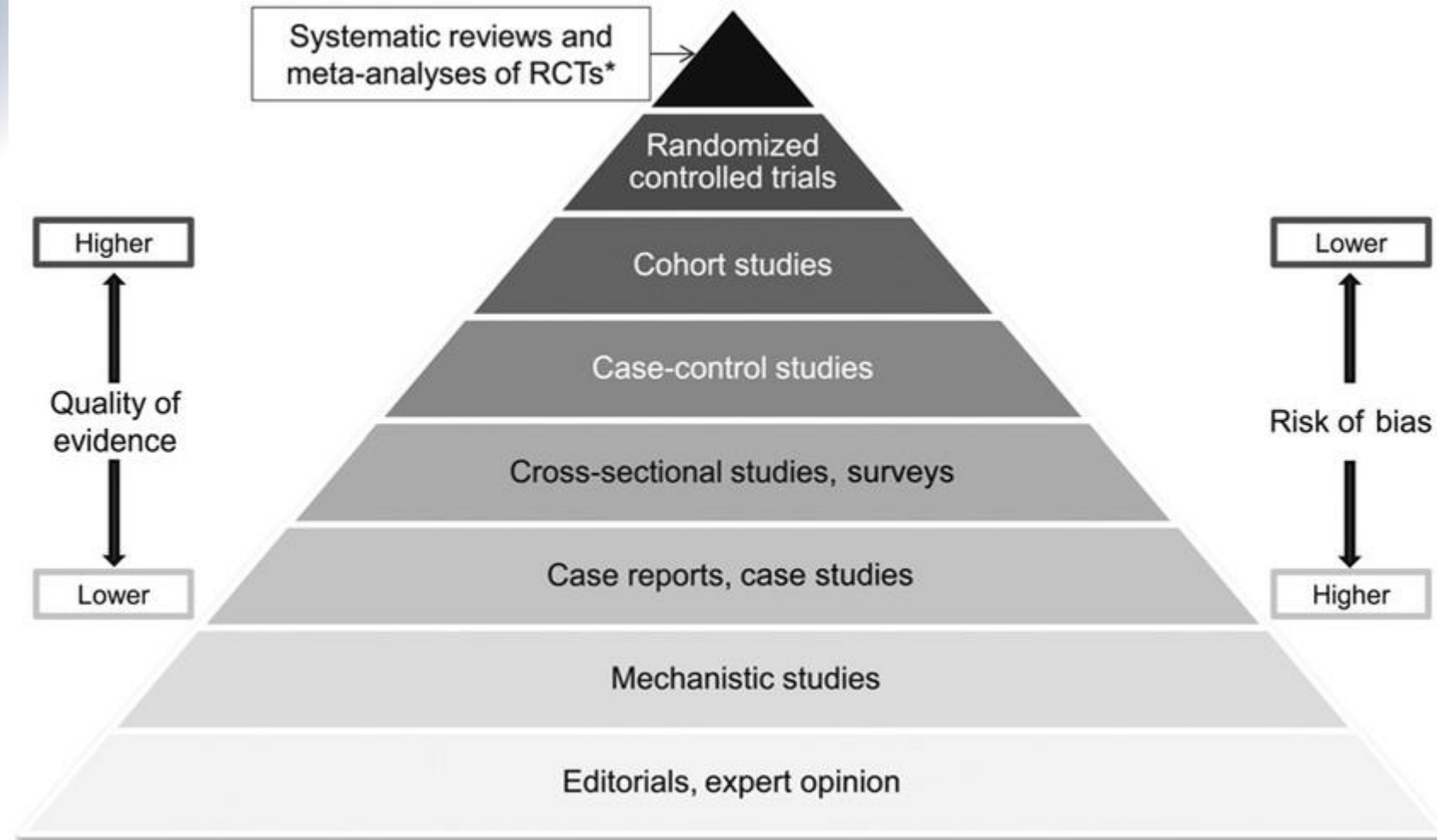
Deliverables

IP Program  
Assessment  
(ICAR)

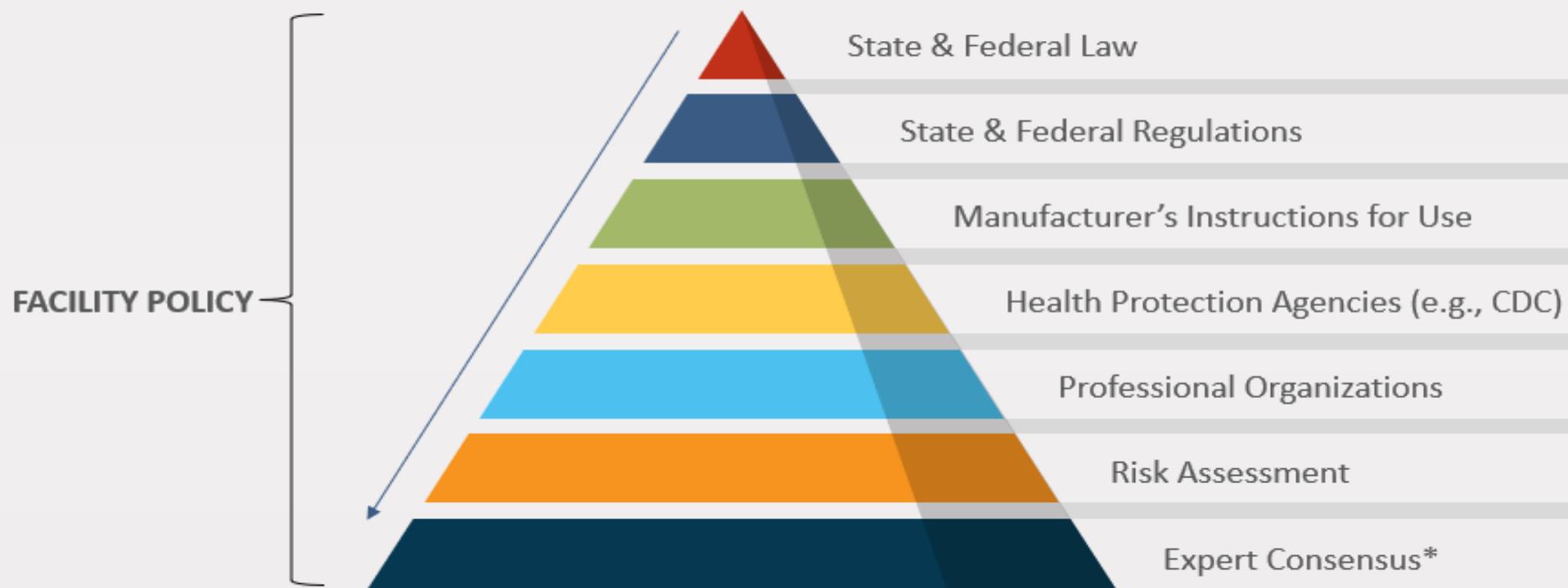
Ongoing  
Support



# Shaping Recommendations



# IPRAT Guidance Hierarchy



# Action Plan

## Bloodborne Pathogens and Sharp Safety

Priority	Observations	Action	Comments/Support Links
High	<ul style="list-style-type: none"><li>Sharps container in medication room past 90 days of not being replaced.</li></ul>	<ul style="list-style-type: none"><li>According to MI Medical Waste Act, a facility should not store medical waste on-site for more than 90 days. Sharps containers should be dated to ensure that it is not being used beyond 90 days which is then considered medical storage.</li><li>Ensure access to keys and replacement containers for all shifts to facilitate prompt replacement as needed and prevent improper disposal and injuries.</li><li>Designate staff on each shift to be responsible for monitoring sharps containers and replacing them when they are due to be replaced.</li><li>Educate staff on safe use and disposal of sharps based on their role and facility's Exposure Control Plan.</li></ul>	<p><a href="#">Biohazard Waste Disposal and Storage Guidance / Michigan DEQ</a></p> <ul style="list-style-type: none"><li>Refer to page 3 regarding storage of medical waste</li></ul> <p><a href="#">1910.1030 - Bloodborne pathogens.   Occupational Safety and Health Administration (osha.gov)</a></p> <p><a href="#">Sharps Disposal Containers in Health Care Facilities / FDA</a></p> <p><a href="#">Stop Sticks Campaign / CDC</a></p> <p><a href="#">Sharps Safety Teaching Tools / CDC</a></p> <ul style="list-style-type: none"><li>Refer to manufacturer's instructions for use for pharmaceutical waste containers.</li></ul>

# SBAR

- Overview of ICAR findings
  - High risk items
  - Need for system-based change
  - High capital items
- Provided to program leadership:
  - Director of Nursing
  - Administrator
  - Infection Preventionist

# Data Report

## Data Profile | (Facility Name)

11/28/2022

### Key Points\*

- Wayne County is experiencing a high level of community transmission based on test positivity rates and weekly cases per 100,000 persons.

In the past 7 days:

- Cases have decreased by 45.1%
- Deaths have increased by 126.1%
- Test positivity has increased by 1.0%

## Community Transmission

	*Test Positivity	*Cases per 100,000	Community Transmission Level
<a href="#">Wayne County</a>	9.9%	107.2	HIGH
<a href="#">Michigan</a>	10-14.9%	128.8	

\*Current 7-days is Thu Nov 17, 2022 - Wed Nov 23, 2022, for case rate and Tue Nov 15, 2022 - Mon Nov 21, 2022, for percent positivity.  
CDC COVID Data Tracker includes COVID-19 case and death surveillance data reported by jurisdictions to the CDC. The overall calculated county risk level is taken as the percentage of positive NAATS cases over the last 7 days and new cases per 100,000 persons over the past 7 days. If the two indicators suggest different transmission levels, the higher level is selected.  
Categories: *Low*: < 10 cases per 100,000, <5% test positivity; *Moderate*: 10-49.99 cases per 100,000, 5-7.99% test positivity; *Substantial*: 50-99.99 cases per 100,000, 8 - 9.99% test positivity; *High*: ≥ 100 cases per 100,000, ≥ 10% test positivity.

## Guidelines and Recommendations for HIGH COVID Community Transmission Level

### Testing <sup>a-d</sup>

- Prioritize individuals with C-19 signs & symptoms, then perform testing triggered by an outbreak investigation (as specified in CMS | QSO-20-38-NH).
- Routine testing for asymptomatic individuals (residents or staff) not generally recommended.

### Care Staff PPE in High Transmission County <sup>d, e</sup>

- Approved Eye Protection for all patient encounters.
- Everyone should wear face coverings or masks [CDC | Implement Universal Use of PPE for HCP](#).



### Visitation for Residents Under Transmission-based precautions for COVID-19 <sup>f</sup>:

- Compassionate care visits are allowed at all times.
- Not recommended, but residents who are in isolation or quarantine can still receive visitors.
- Visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).
- Visitors should adhere to the core principles of infection prevention.



### Visitation, Communal Dining, Resident Outings & Group Activities <sup>a, f, h</sup>



Facilities must allow visitation for all residents. When accessible and safe, outdoor visitation should be made available. All appropriate infection control and prevention practices should be followed in all visits.

- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
- Encourage all visitors to become vaccinated and educate and encourage visitors to become vaccinated.
- Testing or vaccination status are not conditions for not allowing visitations. Visitors should wear source control if vaccination status is unknown.
- If a resident's roommate is present during visitation, it is safest for the visitors to wear source control.
- If county COVID-19 Community Transmission Level (Data Type: Community Transmission) is:
  - High*: everyone in a healthcare setting should wear source control.
    - If feasible, it is encouraged (not required) that facilities offer testing to visitors.
    - If not offered, encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
  - Low - Substantial*: the safest practice is for residents and visitors to wear face coverings or masks (although not required for visitors).

### During an Outbreak

- Facility may require visitors wear source control while in the facility.
- Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department.
- Limit visitor movement (e.g., go directly to resident's room or designated visitation area, practice social distancing from staff and other residents).
- Communal activities/dining may occur while adhering to core principles of COVID-19 infection prevention.
- The safest approach is for everyone, particularly those at high risk for severe illness, to wear source control while in communal areas.
- Facilities must permit residents to leave the facility as they choose.
- Upon return, residents should be screened for signs or symptoms of COVID-19.

a. [MDHHS LTC C-19 Plan](#)

b. [CMS | QSO-20-38-NH](#) (Revised 9/26/2022)

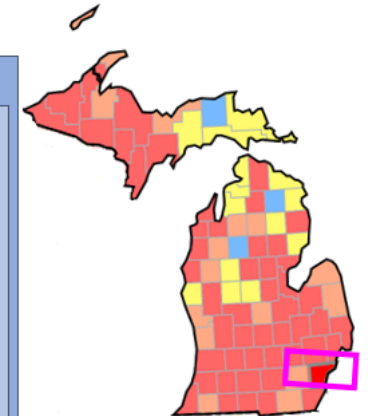
c. [CDC | COVID-19 Community Transmission Level](#)  
(Data Type: Community Transmission)

d. [CDC IPC Guidance for HCP About COVID](#)

e. [QSO-20-39-NH](#) (Revised 9/26/2022)

f. [This Photo](#) by Unknown Author is licensed under [CC BY-SA](#). Desaturated from original.

h. [CDC | Respiratory Protection vs. Source Control](#)



● High ● Substantial ● Moderate  
● Low ● No Data



# Program Assessment Report

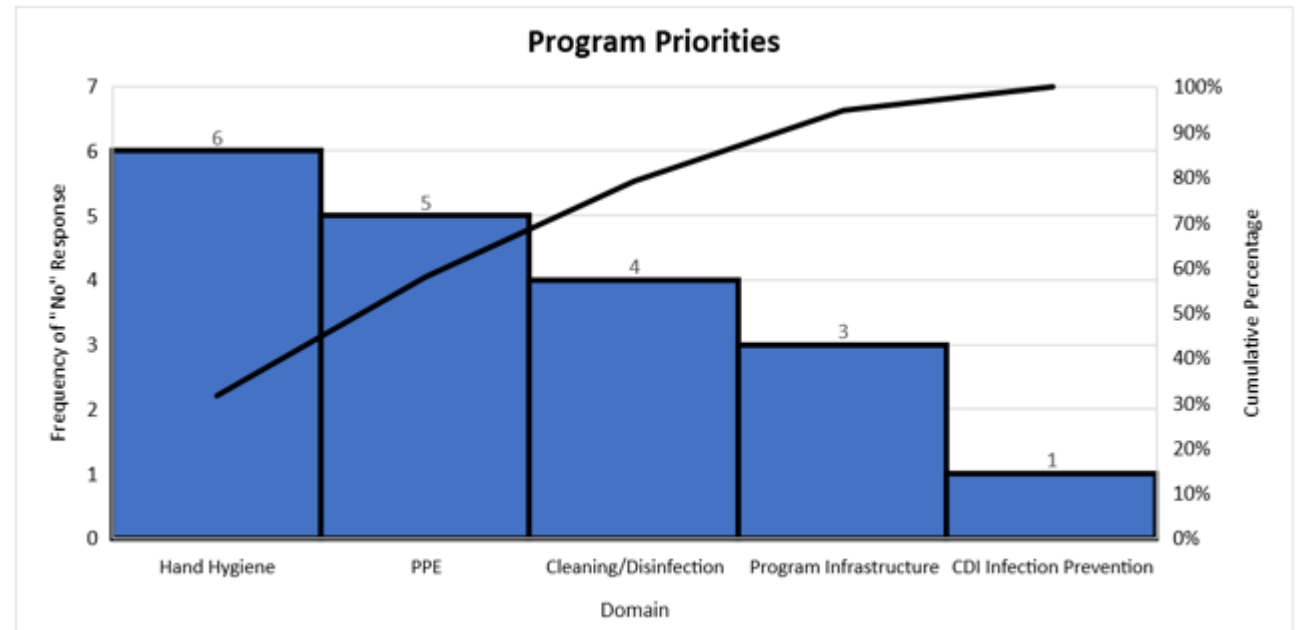
Topic	Y	N	Comments
4. The hospital has written infection control policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards.		X	<p>Observations:</p> <ul style="list-style-type: none"> <li>Definitions and procedures outlined in policies and procedures do not align with applicable evidence-based guidelines.</li> <li>Infection Prevention &amp; Control Plan &amp; Authority Statement: <ul style="list-style-type: none"> <li>Does not include objectives for <i>C. difficile</i> infection reduction; only includes collaboration with antimicrobial stewardship committee and IPRAT program assessment.</li> <li>Does not include objectives specific to program processes (isolation rounds, oversight of PPE compliance) and outcome surveillance (surveillance of <i>C. diff</i> labID events) included in objectives. Surveillance plan does not include labID events (<i>C. diff</i>).</li> <li>Hand hygiene compliance target for 2022 matches baseline rate of 99.1%</li> </ul> </li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>Review IPRAT recommendations for:</li> </ul>

		<ul style="list-style-type: none"> <li>Infection Prevention &amp; Control Plan &amp; Authority Statement</li> <li><i>C. diff</i> (<i>Clostridium difficile</i>) Guidelines</li> <li>Contact Plus Precautions signage</li> <li>Equipment Cleaning</li> <li>Isolation Discharge</li> </ul> <ul style="list-style-type: none"> <li>Form a multidisciplinary taskforce dedicated to revising IP program policies and procedures in accordance with applicable evidence-based guidelines.</li> <li>Re-evaluate objectives for <i>C. diff</i> reduction included in annual plan and revise as needed to reflect program activities for <i>C. diff</i> reduction.</li> <li>Update annual plan to include surveillance and reporting plans for labID events.</li> </ul> <p>References:</p> <p><a href="#">State Operations Manual for Hospitals</a></p> <ul style="list-style-type: none"> <li>See page 383 under "5482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs" header regarding requirement to adhere to nationally recognized infection prevention and control guidelines.</li> </ul> <p><a href="#">Guide to Preventing Clostridium difficile Infections – APIC</a></p> <ul style="list-style-type: none"> <li>See page 43-44 for example isolation signage.</li> </ul> <p><a href="#">Content of an Infection Prevention and Control Plan - APIC</a></p> <p><a href="#">Clarifying Infection Control Policy Requirements - The Joint Commission</a></p> <p>***This reference is provided for illustrative purposes only.</p>
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# High Level Summary

- Similar in content in SBAR for LTC facilities
- Includes:
  - Introduction (mission & vision; overview of recent data)
  - High-risk items
  - Items that require systematic change or high capital
  - Pareto chart to illustrate program priorities





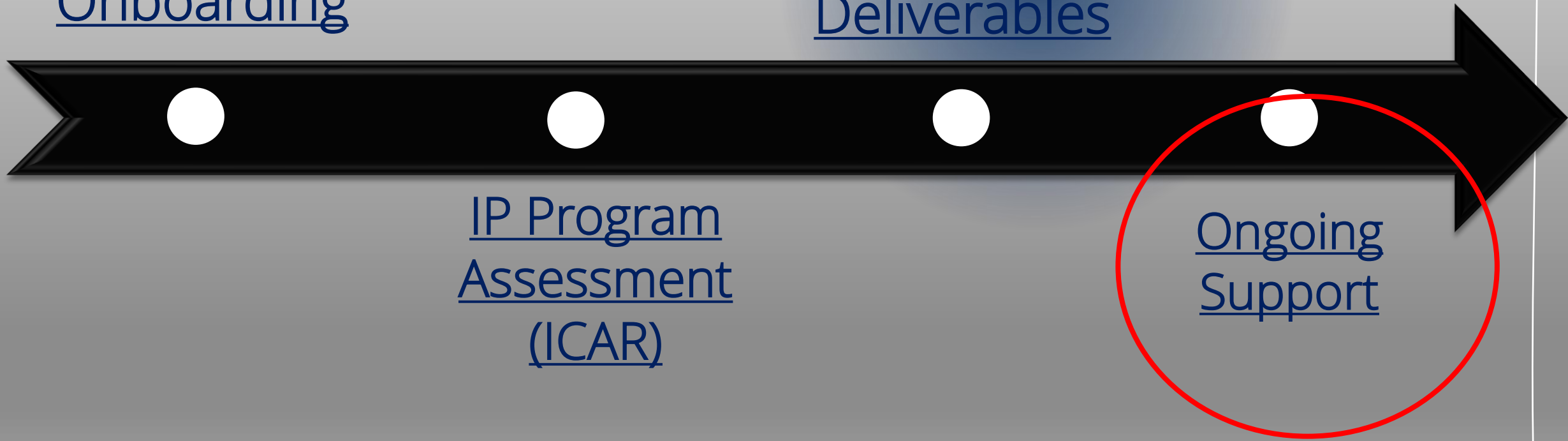
# Ongoing Support

Onboarding

Deliverables

IP Program  
Assessment  
(ICAR)

Ongoing  
Support



# Contact Us



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[Michigan.gov/IPRAT](https://Michigan.gov/IPRAT)



IPRAT

Infection Prevention Resource and Assessment Team

